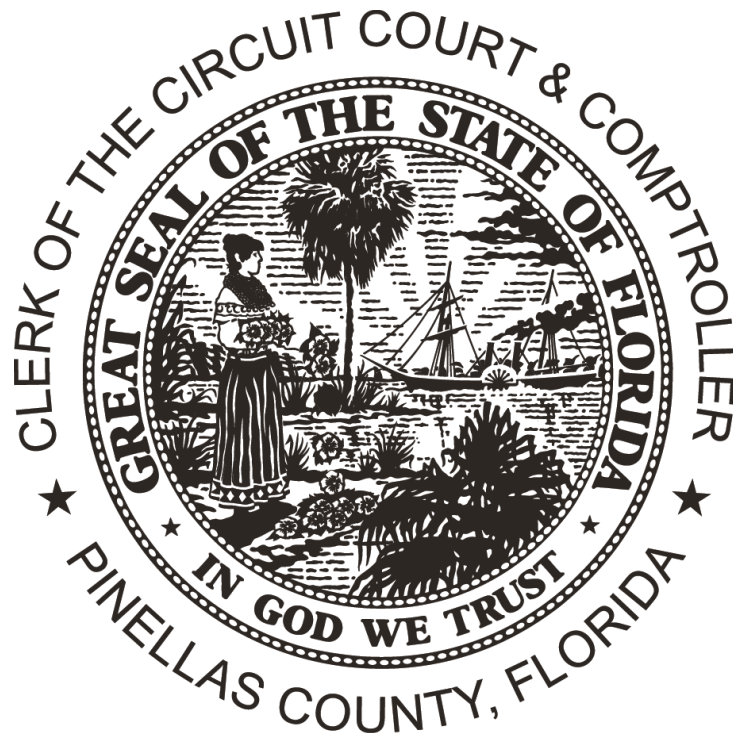


KEN BURKE, C.P.A.
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
PINELLAS COUNTY, FLORIDA
www.mypinellasclerk.org



PACKAGE FEE: \$3.15

EJECTMENT

Please contact the Clerk's Office at (727) 464-7000 or visit us online at
www.mypinellasclerk.org for additional information.

EJECTION

FILING FEE:	\$400.00
SUMMONS ISSUANCE FEE:	\$10.00 per summons
COPIES REQUIRED:	Originals to the Clerk. 1 Set of copies for service. 1 Set of copies for your records.
ADDITIONAL COSTS:	\$3.50 per Acknowledgement (If you do not have your signature notarized in the required spaces prior to filing, the Deputy Clerk can do this for you. Please DO NOT SIGN until a notary or Deputy Clerk instructs you to do so.)
SERVICE FEE:	You must contact a private process server, or persons allowed to do service, in the county where service is to be done to obtain their service fees. You can get a list of local process servers from the sheriff by accessing a link through our website at www.MyPinellasClerk.org



KEN BURKE, CPA

CLERK OF THE CIRCUIT COURT
& COMPTROLLER
PINELLAS COUNTY, FLORIDA

SELF HELP CENTER

The Self Help Centers are the result of a collaborative effort between the Clerk's Office, the Sixth Judicial Circuit, the Community Law Program and the Clearwater Bar Association.

The purpose of the Clerk's Legal Self Help Centers is to assist citizens representing themselves in court (sometimes referred to as pro se persons) who do NOT have a private attorney. Citizens who represent themselves in court and do not already have a private attorney representing them, can now get affordable legal assistance.

OUR SERVICES INCLUDE:

- Schedule an appointment to consult with an attorney for a minimum of \$15.00*
(Attorneys may assist with **Family Law, Small Claims and Landlord/Tenant matters ONLY.**)
- Purchase forms and packets for the civil court actions listed above
- Have documents notarized
- Make copies

Open Monday through Friday from 8:30 a.m. until 4:30 p.m.:

- **The Clearwater Self Help Center**
The New Courthouse
315 Court Street
Clearwater, FL 33756
Phone: (727) 464-5150
Fax: (727) 453-3423
 - Appointments may be scheduled for Wednesday, Thursday and/or Friday.
 - A Spanish interpreter provided by the Hispanic Outreach Center is available by appointment at the Clearwater location
- **The St. Petersburg Self Help Center**
The St. Petersburg Judicial Building
545 First Avenue North, Room 103
St Petersburg, FL 33701
Phone: (727) 582-7941
Fax: (727) 582-7945
 - Appointments may be scheduled for Monday, Wednesday, and/or Friday.
- **The North County Branch Self Help Center**
29582 U.S. 19 North
Clearwater, FL 33761
Phone: (727) 464-5150
Fax: (727) 453-3423
 - Attorney appointments may be scheduled for Tuesday **only** at this office.

Self Help Center Now Offering Online Scheduling of attorney consultation appointments for pro se litigants that do not already have an attorney. To schedule an appointment online using a credit card, please visit www.mypinellasclerk.org and click on the SELF HELP CENTER link in the top menu.

*Attorney appointments may only be scheduled for a minimum of 15 minutes to a maximum of one hour. All appointments must be scheduled in 15-minute increments, i.e., 15, 30, 45 or 60 minutes at a rate of \$1 (one dollar) per minute, therefore payments will be \$15, \$30, \$45 or \$60 accordingly.

Attorney consultation fees must be paid when the appointment time is scheduled. Payments must be by cash, check, money order or credit card. Refunds will not be issued for missed appointments.

COMPLAINT FOR EJECTMENT

When should this packet be used?

- Ejectment is used to remove a person(s) who occupies your real property, and incorrectly claims title to that property
- The property is located in Pinellas County
- The person(s) occupying the property are not tenants

Example – You legally purchase a piece of property from the owner and record the deed. The former owner then sells the same property again to someone else. The other person is residing in the property and claims that they own it because they bought it from the former owner.

If your situation does not meet the criteria listed above, ejectment may not be the appropriate action, and you should review the information on eviction and unlawful detainer. This packet does not constitute legal advice. If you have questions you may want to contact an Attorney.

Ejectment is a circuit court lawsuit filed pursuant to Florida Statute Chapter 66, to request that another person leave your property when they incorrectly claim title to that property.

READ ALL OF THE INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THE FORMS AND SUBMITTING THEM FOR FILING.

DO NOT SIGN ANY DOCUMENTS THAT REQUIRE A NOTARY OR DEPUTY CLERK SIGNATURE UNTIL YOU ARE IN FRONT OF THE NOTARY OR DEPUTY CLERK.

RETAIN COPIES OF ALL FORMS FILED FOR YOU YOUR OWN RECORDS.

DOCUMENTS MUST BE LEGIBLE, TYPE WRITTEN OR LEGIBLY HANDWRITTEN IN BLACK OR BLUE INK.

It is important to remember that a delay can occur as a result of any errors on your paperwork.

EJECTMENT FILING CHECKLIST

STEP ONE – FILE CASE WITH CLERK

To file an Ejectment case, you may file the following forms along with the filing fee and any service fees, if applicable, with the Clerk's office.

_____ Complaint for Ejectment

(1) Original filed with the Clerk and (1) set of copies for each Defendant to be served

_____ Civil Cover Sheet

_____ Affidavit of Military Status

_____ Summons

(1) Original and (1) copy for each Defendant to be served

STEP TWO – OBTAIN JUDGMENT

20 days after service on the Defendant(s):

The Defendant(s) DID NOT respond, you may file the following forms:

_____ Motion for Clerk's Default

_____ Motion for Default Judgment

_____ Final Judgment

(1) Original, (1) copy for each Plaintiff and (1) copy for each Defendant along with preaddressed stamped envelopes for each party

OR

The Defendant(s) DID respond, you may file the following forms:

_____ Notice of Hearing

(It is your responsibility to contact the Judicial Assistant of the Judge assigned to your case, to set a hearing date. Once you have set your hearing, complete the notice of hearing and make copies. File the original with the clerk and send a copy to each of the defendants.)

_____ Final Judgment – Bring to the hearing

(1) Original, (1) copy for each Plaintiff and (1) copy for each Defendant along with preaddressed stamped envelopes for each party

If the Judge grants your complaint, a Final Judgment will be signed.

STEP THREE – OBTAIN WRIT OF POSSESSION

If the Defendant(s) refuses to leave the property after the Final Judgment has been signed, you may file a Writ of Possession and have it issued by the Clerk, allowing the Sheriff's department to remove them from the property.

_____ Writ of Possession

Payment Options for Writ of Possession:

- \$90.00 Check or money order payable to the Pinellas County Sheriff's Office
 - Submitted to the Clerk along with the Writ of Possession
- \$90.00 Credit or Debit payment – PLC #8384 (\$3.00 service fee applies)
 - online at www.GovPayNow.com
 - by phone at 1-888-604-7888

Additional Forms, if applicable

_____ Disclosure form Nonlawyer

This form should only be used if a nonlawyer assists you in completing any forms. The nonlawyer must complete the Disclosure form and both of you are to sign it prior to the nonlawyer assisting you with any forms.

_____ Notice of Voluntary Dismissals

If you decide not to proceed with your case prior to a judgment being entered, you should file a Notice of Voluntary Dismissal

THIS DOES NOT CONSTITUTE LEGAL ADVICE. Civil court information and forms provided by the Pinellas County Clerk of the Circuit Court should be considered informational only, and may not be applicable in every situation. The information is not intended to be used as legal advice. Specific guidance as to how to proceed with filing or answering a lawsuit and questions about your particular situation should be directed to a qualified attorney.

Quick Reference Guide to Completing Ejectment Forms Prior to Filing

Complaint for Ejectment from Real Property:

- Fill in party names in the space provided (the plaintiff is the party initiating this action and the defendant is the party against whom the case is initiated)
- Read each line and fill in the appropriate responses
- Date and sign in the space provided and print or type your name, address and telephone number
- Attach a chain of title to the complaint. A chain of title traces the historical transfer of ownership from the original owner to the present owner.

All other forms:

- Fill in the names of the Plaintiff(s) and Defendant(s)
- Read each line and select and/or fill in the appropriate responses.
- Date and sign in the space provided and print or type your name, address and telephone number
 - If required, date and sign in the presence of a Notary Public or Deputy Clerk.

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____ UCN: 5220 CA XXCICI

Plaintiff(s)

vs.

Defendant(s)

COMPLAINT FOR EJECTMENT FROM REAL ESTATE

COMES NOW, the Plaintiff(s), _____, sues
Defendant(s), _____ and states as follows:

1. This is an action to recover possession of real property located in Pinellas County, Florida.
2. The Defendant(s) is in possession of the following real property in the County:

(Describe property, i.e. address or legal description)

to which Plaintiff(s) claims title as shown by the attached statement of Plaintiff's chain of title.

3. Defendant(s) refuses to deliver possession of the property to Plaintiff(s) or pay Plaintiff(s) the profits from it.

Note: A statement of Plaintiff's chain of title must be attached.

WHEREFORE Plaintiff(s) demands judgment for possession of the property and damages against Defendant(s).

Date: _____

Signature of Plaintiff(s)

Print Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

CIRCUIT COURT, PINELLAS COUNTY, FLORIDA

CIVIL DIVISION

CIVIL COVER SHEET

FORM 1.997 The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form shall be filed by the plaintiff or petitioner for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075. (See instructions for completion.)

I. CASE STYLE

Plaintiff _____

Case No.: _____

Vs.
Defendant _____

Section: _____

II. AMOUNT OF CLAIM: Please indicate the estimated amount of the claim rounded to the nearest dollar. **The estimated amount of the claim is requested for data collection and clerical processing purposes only. The amount of the claim shall not be used for any other purpose.**

_____ \$8,000 or less
_____ \$8,001 - \$30,000
_____ \$30,001 - \$50,000

_____ \$50,001 - \$75,000
_____ \$75,001 - \$100,000
_____ Over \$100,000

III. TYPE OF CASE (If the case fits more than one type of case, select the most definitive category.)
If the most descriptive label is a subcategory (is indented under a broader category), place an x in both the main category and subcategory boxes.

☐ Condominium

☐ Contracts and indebtedness

☐ Eviction/Delinquent Tenant

☐ Eminent domain

☐ Auto negligence

☐ Negligence—other

☐ Business governance

☐ Business torts

☐ Environmental/Toxic tort

☐ Third party indemnification

☐ Construction defect

☐ Mass tort

☐ Negligent security

☐ Nursing home negligence

☐ Premises liability—commercial

☐ Premises liability—residential

☐ Products liability

☐ Real property/Mortgage foreclosure

☐ Commercial foreclosure \$0 - \$50,000

☐ Commercial foreclosure \$50,001 - \$249,999

☐ Commercial foreclosure \$250,000 or more

☐ Homestead residential foreclosure \$0 - \$50,000

☐ Homestead residential foreclosure \$50,001 - \$249,999

☐ Homestead residential foreclosure \$250,000 or more

☐ Non-homestead residential foreclosure \$0 - \$50,000

☐ Non-homestead residential foreclosure \$50,001 - \$249,999

☐ Non-homestead residential foreclosure \$250,000 or more

☐ Other real property actions \$0 - \$50,000

☐ Other real property actions \$50,001 - \$249,999

☐ Other real property actions \$250,000 or more

☐ Professional malpractice

☐ Malpractice—business

☐ Malpractice—medical

☐ Malpractice—other professional

- ☐ Other _____
- ☐ Antitrust/Trade regulation
 - ☐ Business transactions
 - ☐ Constitutional challenge—statute or ordinance
 - ☐ Constitutional challenge—proposed amendment
 - ☐ Corporate trusts
 - ☐ Discrimination—employment or other
 - ☐ Insurance claims
 - ☐ Intellectual property
 - ☐ Libel/Slander
 - ☐ Shareholder derivative action
 - ☐ Securities litigation
 - ☐ Trade secrets
 - ☐ Trust litigation

- ☐ County Civil
- ☐ Civil
 - ☐ Real property/Mortgage foreclosure
 - ☐ Replevins
 - ☐ Evictions
 - ☐ Residential Evictions
 - ☐ Non-residential Evictions
 - ☐ Other Civil (non-monetary)

III. REMEDIES SOUGHT (check all that apply):

- ☐ monetary;
- ☐ nonmonetary declaratory or injunctive relief;
- ☐ punitive

IV. NUMBER OF CAUSES OF ACTION: []

(specify) _____

V. IS THIS CASE A CLASS ACTION LAWSUIT?

- ☐ yes
- ☐ no

VI. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?

- ☐ no
- ☐ yes If “yes,” list all related cases by name, case number, and court.

VII. IS JURY TRIAL DEMANDED IN COMPLAINT?

- ☐ yes
- ☐ no

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____
Attorney or party

Fla. Bar # _____
(Bar # if attorney)

(type or print name)

Date

**IN THE COUNTY COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Case No. _____

Plaintiff(s)

v.

Defendant(s)

SUMMONS

(PERSONAL SERVICE ON A NATURAL PERSON)

THE STATE OF FLORIDA:

To each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and a copy of the complaint or petition in this action on:

Defendant: _____

Address _____

City, State, Zip _____

TO THE DEFENDANT(S):

YOU ARE REQUIRED to mail or take a copy of your WRITTEN ANSWER AND DEFENSES to the attached COMPLAINT or PETITION to Plaintiff or Plaintiff's attorney whose name and address is _____

_____,
within **20 DAYS** after service of this summons on you, exclusive of the day of service, **AND** to file the original of the defenses with **the CLERK OF THE CIRCUIT COURT**, 315 Court Street, Room 170, Clearwater, Florida 33756, either before service on Plaintiff or Plaintiff's attorney or immediately thereafter. If you fail to do so, a default will be entered against you for the relief demanded in the complaint or petition.

DATED on _____

KEN BURKE, CPA

Pinellas County Clerk of the Circuit Court

315 Court Street, Room 170

Clearwater, FL 33756

(727) 464-7000

BY: _____

As Deputy Clerk

IMPORTANT

A lawsuit has been filed against you. You have **20 calendar days** after this summons is served on you to file a written response to the attached complaint with the clerk of this court. A phone call

will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the court to hear your side of the case. If you do not file your response on time, you may lose the case, and your wages, money, and property may thereafter be taken without further warning from the court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the court you must also mail or take a copy of your written response to the Plaintiff/Plaintiff's Attorney.

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact:

Pinellas County Office of Human Rights
400 S. Ft. Harrison Ave., Ste. 500
Clearwater, FL 33756
Phone: 727.464.4062 V/TDD
Or 711 for the hearing impaired

Contact should be initiated at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

If you cannot afford an attorney, you may be eligible for free legal assistance by contacting Bay Area Legal Aid line at (800) 625-2257; Community Law Program (south Pinellas County residents only) at (727) 582-7402; or Gulfcoast Legal Services at (727) 821-0726. If you do not qualify for free legal assistance or do not know an attorney, you may make an appointment to speak with an attorney for \$1.00 per minute in 15 minute increments at the Self Help Center online @ <https://www.mypinellasclerk.org/selfhelp> or by contacting (727) 464-5150 for north Pinellas County residents or (727) 582-7941 for south Pinellas County residents. You may also contact the Clearwater Bar Attorney Referral Service at (727) 461-4880; the St. Petersburg Bar Association Lawyer Referral Service at <https://www.stpetebar.com/page/findanatty>; or the Florida Bar Attorney Referral Service at (800) 342-8011.

IMPORTANTE

Usted ha sido demandado legalmente. Tiene **20 días, contados a partir** del recibo de esta notificación, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Una llamada telefonica no lo protegera. Si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el numero del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, pudiese perder el caso y podria ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, puede usted consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guia telefonica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presenta su respuesta ante el tribunal, deberá usted enviar por correo o entregar una copia de su respuesta a la persona denominada abajo como “Plaintiff/Plaintiff’s Attorney” (Demandante o Abogado del Demandante).

Si usted es una persona minusválida que necesita algún acomodamiento para poder participar en este procedimiento, usted tiene derecho, sin tener gastos propios, a que se le provea cierta ayuda. Tenga la amabilidad de ponerse en contacto con

Pinellas County Office of Human Rights

400 S. Ft. Harrison Ave., Ste. 500

Clearwater, FL 33756

Phone: 727.464.4062 V/TDD

O 711 para personas con discapacidad del oído o de la voz

por lo menos 7 días antes de la cita fijada para su comparecencia en los tribunales, o inmediatamente después de recibir esta notificación si el tiempo antes de la comparecencia que se ha programado es menos de 7 días; si usted tiene discapacidad del oído o de la voz, llame al 711.

IMPORTANT

Des poursuites judiciaires ont été entreprises contre vous. Vous avez **20 jours consécutifs** à partir de la date de l’assignation de cette citation pour déposer une réponse écrite à la plainte ci-jointe auprès de ce tribunal. Un simple coup de téléphone est insuffisant pour vous protéger. Vous êtes obligés de déposer votre réponse écrite, avec mention du numéro de dossier ci-dessus et du nom des parties nommées ici, si vous souhaitez que le tribunal entende votre cause. Si vous ne déposez pas votre réponse écrite dans le délai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent être saisis par la suite, sans aucun préavis ultérieur du tribunal. Il y a d’autres obligations juridiques et vous pouvez requérir les services immédiats d’un avocat. Si vous ne connaissez pas d’avocat, vous pourriez téléphoner à un service de référence d’avocats ou à un bureau d’assistance juridique (figurant à l’annuaire de téléphones).

Si vous choisissez de déposer vous-même une réponse écrite, il vous faudra également, en même temps que cette formalité, faire parvenir ou expédier une copie de votre réponse écrite au “Plaintiff/Plaintiff’s Attorney” (Plaignant ou à son avocat) nommé ci-dessous.

Si vous êtes une personne handicapée qui a besoin de mesures d'adaptation pour participer à cette procédure, vous avez droit, sans frais pour vous, à une certaine assistance. Veuillez contacter

Pinellas County Office of Human Rights

400 S. Ft. Harrison Ave., Ste. 500

Clearwater, FL 33756

Phone: 727.464.4062 V/TDD

Ou 711 si vous êtes malentendant ou avez un trouble de la parole

au moins 7 jours avant votre comparution prévue au tribunal, ou immédiatement après avoir reçu cette notification si le délai avant la comparution prévue est inférieur à 7 jours; si vous êtes malentendant ou avez un trouble de la parole, appelez le 711.

ENPÒTAN

Pwosedi legal yo te pran kont ou. Ou gen **20 jou konsekitif** ki soti nan dat konklizyon sa a pou ou ranpli yon repons alekri pou plent sa a nan tribinal sa a. Yon apel telefon ki senp se pa ase pou pwoteje ou. Ou oblije ranpli repons alekri ou a, ak nimewo a dosye pi wo a ak non pati yo ki te nonmen isit la, si ou vle tribinal la tande ka w la. Si ou pa ranpli repons alekri ou nan rele egziye a, ou riske pedi koz la ak sale ou, lajan ou, ak pwopriyete ou yo ka mete men sou pita, san okenn lot avi nan tribinal la. Gen lot obligasyon legal epi ou ka mande sevis imedya yon avoka. Si ou pa konnen yon avoka, ou ka rele yon sèvis referans avoka oswa yon biwo ed legal (ki nan lis nan anye telefon).

Si ou chwazi pou ou soumèt yon repons alekri tet ou, ou pral bezwen tou voye oswa voye yon kopi repons ekri ou nan fòm sa a an menm tan an tankou fomalite sa a “Avoka Pleyan/ Pwokire a” (Pleyan oswa avoka li) non anba a.

Si ou se yon moun ki enfim ki bezwen akomodasyon pou w kab patisipe nan pwosedi sa a, ou gen dwa, san ou pa bezwen peye okenn lajan, pou w jwenn yon sèten èd. Tanpri kontakte [identify applicable court personnel by name], Kòdonatris pwogram Lwa Ameriken pou Moun ki Enfim yo nan

Pinellas County Office of Human Rights

400 S. Ft. Harrison Ave., Ste. 500

Clearwater, FL 33756

Phone: 727.464.4062 V/TDD

Ou 711 si ou gen pwoblèm pou w tande byen oswa pou w pale klè

fè sa omwen 7 jou anvan dat ou gen randevou pou parèt nan Tribinal la, oswa fè sa imedyatman apre ou fin resevwa konvokasyon an si dat ou gen pou w parèt nan tribinal la mwens pase 7 jou; si ou gen pwoblèm pou w tande byen oswa pou w pale klè, rele 711.

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____

Plaintiff(s)

vs.

Defendant(s)

NONMILITARY AFFIDAVIT

I, *{full legal name}* _____, being sworn, certify that the following information is true:

[☒ **all** that apply]

_____ 1. I know of my own personal knowledge that Defendant(s) is not on active duty in the armed services of the United States.

_____ 2. I have inquired of the armed services of the United States and the U.S. Public Health Service to determine whether the Defendant(s) is a member of the armed services and am attaching certificates stating that Defendant(s) is not now in the armed services.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Date: _____

Signature of Plaintiff(s)

Print Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

_____ Personally known

_____ Produced identification

Type of identification produced _____

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____

Plaintiff(s)

vs.

Defendant(s)

MOTION FOR CLERK'S DEFAULT

Plaintiff(s) asks the clerk to enter a default against _____,
Defendant(s), for failing to respond as required by law to Plaintiff's Complaint for Ejectment
from Real Estate.

Signature of Plaintiff(s)

Print Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

DEFAULT

A default is entered in this action against the Defendant(s) for ejectment for failure to
respond as required by law.

DATED: _____

KEN BURKE, CPA
Clerk of the Circuit Court
315 Court Street, Room 170
Clearwater, FL 33756

BY: _____
DEPUTY CLERK

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____

Plaintiff(s)

vs.

Defendant(s)

MOTION FOR DEFAULT FINAL JUDGMENT - EJECTMENT

Plaintiff(s) asks the court to enter a Default Final Judgment against _____,
Defendant(s), for ejectment, and says:

1. Plaintiff(s) filed a Complaint for Ejectment from Real Estate against Defendant(s).
2. Defendant(s) has failed to timely file an answer and a Default has been entered by the Clerk of this Court on the _____ day of _____, 20____.

WHEREFORE, Plaintiff(s) asks this Court to enter a Final Judgment for Ejectment against the Defendant(s).

Date: _____

Signature of Plaintiff(s)

Print Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____

Plaintiff(s)

vs.

Defendant(s)

NOTICE OF HEARING

TO: Defendant(s): _____

There will be a hearing before Judge _____
on {date} _____, at {time} _____, in Room _____
of the Pinellas County Courthouse located at _____
on the following issues:

_____ hour(s)/_____ minutes have been reserved for this hearing.

If this matter is resolved, the moving party shall contact the judge's office to cancel this hearing.

I certify that a copy of this document was [☒ **one** only] ☐ mailed ☐ faxed and mailed
☐ hand delivered to the person(s) listed below on the ____ day of _____, 20 ____.

Defendant: _____

Address: _____

City, State, Zip: _____

Dated: _____

Signature of Plaintiff(s)

Print Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

“If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Human Rights Office, 400 S. Ft. Harrison Ave., Ste. 300, Clearwater, FL 33756, (727) 464-4062 (V/TDD) at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.”

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____ UCN: 5220 CA _____ XXCICI

Plaintiff(s)

vs.

Defendant(s)

FINAL JUDGMENT FOR EJECTMENT

This cause having come before the Court on Complaint for Ejectment and it appearing that the Defendant(s) has been duly served with process, it is hereby:

ORDERED AND ADJUDGED that the Plaintiff(s), _____,
do have and recover from the Defendant(s), _____,
possession of the following premises located in Pinellas County, Florida, to wit:

(Describe property, i.e. legal description)

The Clerk of Court shall issue the Writ of Possession for the aforesaid premises forthwith.

It is further **ORDERED AND ADJUDGED** that Plaintiff(s), _____,
recover judgment against the Defendant(s), _____,
costs in the amount of \$_____, for all of which let execution issue.

DONE AND ORDERED in Pinellas County, Florida on the _____ day of
_____, 20_____.

CIRCUIT COURT JUDGE

cc:
Plaintiff _____

Address _____

City, State, Zip _____

Defendant _____

Address _____

City, State, Zip _____

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Case no. _____

Plaintiff

Vs.

Defendant(s)

WRIT OF POSSESSION

THE STATE OF FLORIDA:

TO ALL AND SINGULAR THE SHERIFFS OF THE STATE:

YOU ARE COMMANDED to remove Defendant(s) _____
from the following property in Pinellas County, Florida AFTER A 24 HOUR NOTICE HAS BEEN
CONSPICUOUSLY POSTED ON THE PREMISES:

and to put _____
in full possession thereof.

WITNESS my hand and seal of the Court on _____ day of _____, 20____.

KEN BURKE, CPA

Pinellas County Clerk of the Circuit Court
315 Court Street, Room 170
Clearwater, FL 33756

By: _____

Deputy Clerk

(SEAL)

Plaintiff(s) – or – Attorney(s) Name and Address:

Phone #: _____

**IN THE CIRCUIT COURT OF THE 6TH JUDICIAL CIRCUIT,
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____

Plaintiff(s)

vs.

Defendant(s)

DISCLOSURE FROM NONLAWYER

_____ told me that he/she is a nonlawyer and may not give me legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

_____ told me that he/she may only type the factual information provided by me in writing into the blanks on the form. Except for typing, _____ may not tell me what to put in the form and may not complete the form for me. However, if using a form approved by the Supreme Court of Florida, _____ may ask me factual questions to fill in the blanks on the form and may tell me how to file the form.

(Choose **one** only)

_____ I can read English.

_____ I cannot read English, but this disclosure was read to me by _____ in {language} _____ which I understand.

Dated: _____

Signature of Party

Signature of **NONLAWYER**

Printed Name: _____

Name of Business: _____

Address: _____

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA**

Reference No: _____

Plaintiff(s)

vs.

Defendant(s)

NOTICE OF VOLUNTARY DISMISSAL

Plaintiff(s), _____, in the above styled cause hereby submit this Notice of Voluntary Dismissal as this cause has been settled between parties.

I certify that a copy of this document was [☒ **one** only] ☐ mailed ☐ faxed and mailed ☐ hand delivered to the person(s) listed below on the ____ day of _____, 20____.

Defendant: _____

Address: _____

City, State, Zip: _____

Dated: _____

Signature of Plaintiff(s)

Print Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____